

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No.

Registrar's No.

FILED NOV 19 1943

Registration District No. 149

Primary Registration District No. 1002

4609

1. PLACE OF DEATH:

(a) County Jackson  
(b) City or town Kansas City  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
K. C. General Hospital No. 1  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 1 mo. 9 days  
(Specify whether  
In this community lifetime  
years, months or days)

3. (a) PRINT FULL NAME Ed Mathis

3. (b) If veteran, name war no  
3. (c) Social Security No. 986-05-6876

4. Sex M 5. Color or race white  
6. (a) Single, widowed, married, divorced married  
6. (b) Name of husband or wife Lulu  
6. (c) Age of husband or wife if alive 54 years  
7. Birth date of deceased Aug 14 1878  
(Month) (Day) (Year)

8. AGE: Years 65 Months 2 Days 13 If less than one day hr. min.

9. Birthplace Kansas City, Kansas  
(City, town, or county) (State or foreign country)

10. Usual occupation Plumbers Helper

11. Industry or business Laborer

12. Name William Mathis

13. Birthplace Beveria, Europe  
(City, town, or county) (State or foreign country)

14. Maiden name not known

15. Birthplace not known  
(City, town, or county) (State or foreign country)

16. (c) Informant Mr Mathis Jr

(b) Address 816 Lyons Ave W. H. Han

17. (a) Burial (b) Date thereof 10-30-43  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park K.C. Mo

18. (a) Signature of funeral director L. A. Reising  
(b) Address 322 1/2 E. 17th St. K.C. Mo

19. (a) 10-30-43 (b) Ed Mathis  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson  
(c) City or town Kansas City  
(If outside city or town limits, write "RURAL")  
(d) Street No. 1426 Charlotte  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 27th year 1943 hour 4 minute 10 P.M.

21. I hereby certify that I attended the deceased from Sept. 18th, 1943 to Oct. 27th, 1943  
that I last saw him alive on Oct. 27th, 1943  
and that death occurred on the date and hour stated above.  
Immediate cause of death Carcinoma of bladder

Due to 52 lb  
Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? (Specify type of place) Means of injury

23. Signature Drury A. Thoma (M. D. or other)

Address Med. Dir. Gen'l Hosp. Date signed 10-28-43

(Licensed Embalmer's Statement on Reverse Side)

SEP 16 1950

SEP 27 1950

### STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No. ....

working under my personal supervision.

Signed.....

Licensed Embalmer No. ....

P. O. Address.....

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, fact should be so stated above.**